

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

RECEIVED  
SDNY DOCKET UNIT

Trenton Niles

Write the full name of each plaintiff.

-against-

The city of New York  
police officers Patrick  
O'Donnell shield # 27349  
Matthew McCarthy # 02756

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

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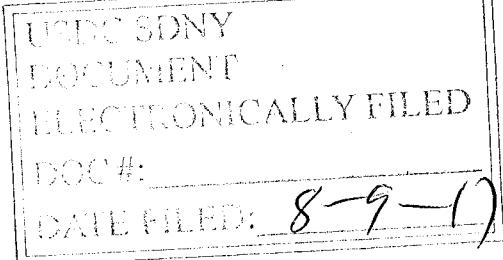
17 cv 1437

(Include case number if one has been assigned)

SECOND AMENDED  
COMPLAINT  
(Prisoner)

Do you want a jury trial?

Yes  No



NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

### I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

Violation of my federal constitutional rights

Other: \_\_\_\_\_

### II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Trenton

C

Niles

First Name

Middle Initial

Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

MID state corr fac

Current Place of Detention

P.O Box 2500

Institutional Address

MARCF

County, City

N.Y.

State

13403

Zip Code

### III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

- Pretrial detainee  
 Civilly committed detainee  
 Immigration detainee  
 Convicted and sentenced prisoner  
 Other: \_\_\_\_\_

#### IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

<u>Title</u>	<u>city of new York</u>	<u>Shield #</u>
<u>First Name</u>	<u>Last Name</u>	

<u>Current Job Title (or other identifying information)</u>
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<u>Current Work Address</u>
-----------------------------

<u>County, City</u>	<u>State</u>	<u>Zip Code</u>
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Defendant 2:

<u>Patrick</u>	<u>O'Donnell</u>	<u>27349</u>
<u>First Name</u>	<u>Last Name</u>	<u>Shield #</u>

<u>Police officer # 27349</u>
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<u>Current Job Title (or other identifying information)</u>
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<u>25 pct</u>
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<u>Current Work Address</u>
-----------------------------

<u>120 E 119 St NY. NY 10035</u>
----------------------------------

<u>County, City</u>	<u>State</u>	<u>Zip Code</u>
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Defendant 3:

<u>MATTHEW</u>	<u>McCarthy</u>	<u>02756</u>
<u>First Name</u>	<u>Last Name</u>	<u>Shield #</u>

<u>25 pct</u>
---------------

<u>Current Job Title (or other identifying information)</u>
---

<u>120 E 119 St</u>
---------------------

<u>Current Work Address</u>
-----------------------------

<u>new York NY</u>
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<u>County, City</u>	<u>State</u>	<u>Zip Code</u>
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Defendant 4:

<u>First Name</u>	<u>Last Name</u>	<u>Shield #</u>
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<u>Current Job Title (or other identifying information)</u>
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<u>Current Work Address</u>
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<u>County, City</u>	<u>State</u>	<u>Zip Code</u>
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V. STATEMENT OF CLAIM

Place(s) of occurrence: 128 MADISON AVE NY NY 10035

Date(s) of occurrence: November 16 2014

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

ON 11-16-14 I WAS STOP BY 2 P.O. AND THEY ASK ME WHERE IS THE GUN, I D.DT KNOW WHAT THEY WAS SAYING, THEY CHECK MY BELONGINGS AND NO GUN WAS FOUND NOTHING ILLEGAL WAS ON MY PERSONS THEY TOOK ME TO 25<sup>TH</sup> PC AND PLACE ME IN PEN. I ASK WHY THEY D.DT GIVE WHY THEN I KEPT COMPLAINING AND THEY OPEN PEN AND RUFF ME UP. LEFT ME IN PENS FOR A WHILE I WAS GIVING A CALL I CALLED MY MOTHER AND SHE SAID THE POLICE CAME TO HER HOUSE & SCARED HER & CHECKED NOTHING WAS FOUND. I ASK AGAIN WHY? THEY THEN SAID NOTHING. I WAS THEN TAKEN TO CENTRAL BOOKING AND SEEN THE JUDGE HE PUT A HIGH BAIL OF 5,000 ON ME FOR A MISTERNEVER CHARGE AND I WAS TAKEN TO THE MANHATTAN HOLDING PENS FOR A FEW MORE DAYS AND THERE

I Bailed out. I HAD to report to BAIL BONDSEY every week for AN YEAR & 1/2 ALSO BACK TO court ALOT OF SUFFERING WITH MY JOB MADE MY BOSS LOOK DOWN ON ME

NO GUN, NOTHING WAS FOUND.

AND CASE DISMISS

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

I GOT BUMPS + BRUISES  
NO CARS WAS IN PEN'S OUT  
SIDE caN'D OF CATCH A FEW  
P.O. COMING IN PEN'S OR ME

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

MY HOME WAS SCARED MESS,  
UP THE HOUSE + PAIN & SUFFERING  
NEIGHBORS LOOKING. ALSO GOING  
BACK TO BAIL BONDSEY EVERY WEEK  
FOR 1 1/2 YEARS MY JOB LOSING WAGES  
BOSS LOOKING DOWN ON NO MESS  
MY IMAGE UP ALSO PAIN & SUFFERING  
5,000,000 FOR DAMAGES

## VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

8-2-17

Dated

Trenton C

Trenton Niles

Plaintiff's Signature

Niles

First Name

MID STATE CORR FACI

Middle Initial

Last Name

Prison Address

P. O BOX 2500

County, City

State

Zip Code

ALBANY

NY

130403

Date on which I am delivering this complaint to prison authorities for mailing:

8-2-17

**JOURNAL**NAME Trenton Niles DIN 16 P 1596 DATE 8-2-17

10: Honorable Barbara Moses

This is just in case I could put the city of New York which I did not know I could amend them I was under ~~sump~~ assumption I could add the city of New York

Please I am pro se and did not know till I read over & over to get the understanding of it

The I thought that put the p.o. names was apart of the (pct) & N.Y.C

Thank you.

MID-STATE CORRECTIONAL FACILITY

P.O. BOX 2500

MARCY, NEW YORK 13403

NAME: Trenton Niles DIN: 16R1396

SYRACUSE  
NY 130

04 AUG '17  
PM 2:4

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To: Honorable Barbara Moses  
United States Magistrate Judge  
United States District Court  
Southern District of New York  
500 Pearl Street  
New York, N.Y. 10007

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